ESF-8

PUBLIC HEALTH AND MEDICAL

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ESF-8

PUBLIC HEALTH AND MEDICAL

PRIMARY AGENCY: **Springfield-Greene County Health Department**

SUPPORT AGENCIES:

City of Battlefield
Greene County Medical Examiner
Cox Emergency Medical Services
Mercy Emergency Medical Services
Lakeland Regional Hospital
Springfield-Greene County Office of Emergency Management
Mercy Hospital
Cox Hospital
Ozarks Community Hospital

I. PURPOSE

This ESF was developed to ensure that the City of Battlefield has the ability to provide needed medical services following a disaster of any type. A prompt and coordinated response of this support function will greatly reduce the number of injuries and deaths.

II. SITUATION AND ASSUMPTIONS

A. Situation

1. The City of Battlefield has access to the four medical hospitals, one juvenile mental health hospital, and one Federal Medical Center for prisoners located within Greene County.

2. Public health for all areas within Greene County is the responsibility of the Springfield-Greene County Health Department.

3. Greene County is served by a Medical Examiners office contracted through the University of Missouri.

4. Should the local hospitals become overburdened or rendered inoperable, hospitals outside Greene County will be contacted for support. Examples include: Citizens Memorial in Bolivar, Cox Medical Center Branson, and Aurora Community in Aurora.

5. The hospitals in the area have developed emergency plans in accordance with State and Federal regulations, and are exercised regularly.

6. Seven hospitals in the area (Cox North & South, Mercy, Ozarks Community, Lakeland, Citizens Memorial in Bolivar, and Cox Medical Center Branson) have a planning office that specifically addresses all-hazards planning for these institutions.

7. Greene County is served by two ambulance services: Cox EMS and Mercy EMS. The City of Battlefield is served primarily by Cox EMS.

B. Assumptions

1. A major disaster affecting the Greene County area may create medical problems beyond the normal day-to-day capabilities of the medical systems.

2. Mutual aid and assistance from the surrounding counties may be available depending on the scope of the disaster.

3. Hospitals, nursing homes, adult living facilities, urgent care centers, pharmacies and other medical/health facilities may be severely damaged or destroyed.

    a. Facilities with little or no structural damage may be rendered unusable due to the lack of utilities (power, water and sewer) and/or a lack of adequate staffing available.
    b. Facilities remaining in operation may be overwhelmed by the deluge of patients with minor to severe injuries, as well as, worried well patients. Patient's will self report to the facility as well as be brought in by ambulance.
    c. Because of the increased demands on the medical/health system, shortages of medical supplies (pharmaceutical, expendable, etc.) and equipment will occur.
    d. Disruptions in local communications and transportation systems could prevent a timely re-supply of needed items.

4. Disasters such as tornadoes, floods, hazmat, earthquakes, etc., may require evacuation/relocation of large populations. The relocation site will require potable water, wastewater control, vector control, hygiene and other public health measures.

5. Chronically ill individuals may have difficulty obtaining medications, medical supplies and/or equipment due to disruption of normal supply channels.

6. People with functional needs will require evacuation facilities to be equipped to provide the required level of service. Coordination with hospice, home health, nursing homes and adult living facilities is a critical component of public health and medical response. Functional needs populations should be accommodated to the extent possible in general Mass Care facilities as capabilities allows.

III. CONCEPT OF OPERATIONS

A. General

1. Emergency medical care will be provided by the local emergency medical services and fire departments.

2. Dispatch of Emergency Medical Services is performed by each hospital system.

3. Requests for outside medical assistance should go through the EOC. Such requests should be reported to the EOC as quickly as possible once needs have been identified.

4. Local hospitals will coordinate all actions with the Emergency Operations Center (EOC) or with the Incident Command Post if the EOC is not activated.

5. The Southwest Missouri Critical Incident Response Team (CIRT) will provide non-therapeutic crisis interventions to emergency responders following a critical incident (**Appendix 8**). Therapeutic treatment will be coordinated through the Missouri Division of Mental Health.

6. The Community Crisis Team of the Ozarks will provide crisis interventions to the victims and survivors of a catastrophic incident or disaster.

7. The first emergency medical unit to arrive will set up triage at the disaster site. Medical system notification will be initiated by the respective EMS dispatch centers using the EMSystem.

B. Actions to be Taken by Operating Time Frames

1. Mitigation

a. Review the hazards listed in the **All Hazards Mitigation Plan** to identify the types of disasters that could occur in Springfield-Greene County.

2. Preparedness

a. Provide in training relevant to the types of hazards identified.
b. Conduct programs for the community on first aid and public health awareness.
c. Review hospital emergency plans and emergency medical services plans regularly and conduct exercises to validate them.
d. Review disaster mortuary plans regularly and coordinate these plans with the Medical Examiners Office.
e. Identify local resources for public health supplies and maintain a list in City Hall.
f. Participate in tests and exercises of the City of Battlefield Emergency Operations Plan (EOP).
g. Analyze anticipated situations for potential health problems.
h. Conduct call-up/activation of volunteer health and medical personnel, Community Heroes, American Red Cross, Community Emergency Response Teams and other trained volunteers.

3. Response

a. Respond on a priority basis as established by the Incident Commander and/or the Emergency Operations Center (EOC).
b. Establish triage sites and coordinate triage operations.
c. Transport and provide care for the injured from the disaster site to the appropriate medical facilities.
d. Provide EMSystem statistics to operations chief.
e. Transport and provide care for the injured emergency responders from the disaster site to the appropriate medical facilities
f. Evacuate hospitals and other medical facilities as needed.
g. Set up medical treatment areas outside the hazardous area.
h Follow up on individuals that were not evacuated.
i. Activate the Health Department Emergency Response Team (ERT) as needed.
j. Activate the Mass Prophylaxis Emergency Response Plan in response to an epidemic or other biological event.
k. Activate the Greene County Medical Examiners Disaster Plan.
l. Coordinate with the agencies that are distributing food and water and in setting up emergency sanitation facilities.
m. Implement public health measures at mass care centers.
n. Report to the EOC regularly on the medical situation.
o. Assist in estimating the total population exposed to the disaster.
p. Track individuals of those exposed to radiation following a radioactive incident.
q. Activate State and Federal resources as needed: Missouri Disaster Response System (MODRS), Missouri Systems Concept of Operational Planning for Emergencies (MoSCOPE), and National Veterinary Response Teams (NVRT)
r. Implement demobilization procedures as the event draws down.

4. Recovery

a. Conduct patient follow-up care as necessary.

b. Continue to survey community for public health problems and provide medical and sanitation support to any mass care sheltered population.
c. Maintain records of the affected populations (injured, deceased, functional needs in shelters, etc.) and report their status to the EOC.

IV. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. Primary Agency:

Springfield-Greene County Health Department

1. The Springfield-Greene County Health Department Director is responsible for the overall coordination of the Public Health.
2. Coordination of all public health and medical activities will be conducted through the Emergency Operations Center.
3. Provide Health Department staff at the EOC as requested.
4. Coordinate with State and Federal governments to obtain additional resources, as required to sustain response operations.
5. Coordinate and direct the activation and deployment of resources of health/medical personnel, supplies and equipment.
6. Ensure that epidemiological surveillance systems are monitoring the community.
7. Coordinate with agencies in prioritizing and directing health and medical activities.
8. Coordinate staffing needs are at each mass care site.
9. Coordinate with Resource Management (**ESF-7**) for generators and fuel.
10. Coordinate with Resource Management (**ESF-7**) and Donations and Volunteer Management (**ESF-19 and 20**) for supply information pertaining to potential volunteer groups, contract vendors, and other entities that may be able to supplement local resources.
11. Coordinate with Public Works and Engineering (**ESF-3**) for staging and disposal of debris and other solid waste that may pose threat to public health.
12. Facilitate laboratory response to biological incident.
13. Coordinate with State Health Department for issues involving radiological material.
14. Analyze water sources and identify potable source of public and private water supplies (**ESF-12**)
15. Coordinate and assist with Fire (**ESF-10**) in the collection, identification of biological hazards that present a threat to the public or to responders.
16. Coordinate with the EOC's Public Information Officer or designee (**ESF-15**) to provide public health information to the public.
17. Assist and coordinate in evaluating the safety of food **(ESF-19)** and medicine being provided for use by disaster victims and the general public.
18. Provide administrative staff to functional needs shelters.
19. Assist with maintenance of records of the cost of supplies, resources and man-hours needed to respond to the disaster event.
20. Work with local hospitals to determine need for activation of alternate care facilities.
21. Provide information and assistance with Mass Care (**ESF-6)** on food handling and health considerations.

B. Support Agencies:

City of Battlefield

1. Maintain support of the essential function of fatality management and mortuary services during a disaster.
2. Maintain EOC readiness in the event of a disaster involving the use of this ESF.
3. Assist with coordination of all support agencies to ensure agencies have all appropriate and needed resources.

Springfield-Greene County Office of Emergency Management (OEM)
OEM will participate as a support agency if the City of Battlefield becomes overwhelmed by the size or complexity of the event and at the request of the city.

Hospitals

1. Patient care will be the responsibility of the local/regional hospitals.
2. Medical supplies for the hospitals will be the responsibility of the hospitals' purchasing agent. Medical supplies for the affected area will be the responsibility of the Springfield-Greene County Health Department.
3. Assist in maintaining the integrity of the EMSystem.

Emergency Medical Services (EMS)

1. Coordinate with Transportation (**ESF-1**) regarding emergency and inter-facility transportation requirements and capabilities.
2. Coordinate with Transportation (**ESF-1**) and area non-emergency transport providers regarding the evacuation of any functional needs population.
3. Provide staff to the EOC if possible.

Greene County Medical Examiner

1. Coordinate with the affected jurisdictions during Disaster Mortuary procedures.
2. Coordinate with Search and Rescue (**ESF-9**) during urban search and rescue operations, to identify victims and arrange for mortuary services. **(Refer to Appendix 7 to this ESF for additional information).**

C. State Support Agencies:

Missouri Department of Health and Senior Services
Provides coordinated State assistance to supplement local resources in response to public health and medical care needs following a major disaster or emergency, or during a developing potential medical situation.

State Bureau of EMS
Emergency medical service in Missouri includes all public and private entities furnishing EMS within the state. In the event of a major event or a state-wide disaster, all EMS agencies become an organizational part of the system. **(see Basic Plan, Appendix 12 MoSCOPE Mutual Aid System).**

Missouri Disaster Response System (MODRS)
Requested through the State, MODRS is ESF-8's disaster response team. Headquartered in St. Louis and is structured under the ICS and is comprised of three divisions (St. Louis, Kansas City and Hollister/Branson) and several groups.

The team supports the following resources:

- Fatality Advance Team (FAT),
- Fatality Strike Team (FST),
- Mobile Morgue,
- Medical Incident Support Team (MIST),
- Medical Reserve Corp,
- Rapid Response Team (Medical, 6 bed field treatment facility)-Kansas City,
- Rapid Response Team (Medical, 6 bed field treatment facility)-St. Louis,

- Rapid Response Team (Medical-6 bed field treatment facility)-Hollister/Branson,
- Mobile Medical Unit (MMU-60 bed field hospital with full command and control facilities),
- Mobile ER (24 bed field emergency room)-Kansas City,
- Mobile ER (24 bed field emergency room)-St. Louis,
- Mobile ER (24 bed field emergency room)-Hollister/Branson.
- MODRS maintains cache of deployable ventilators.

Missouri Division of Mental Health

1. Assist and coordinate with Springfield-Greene County Public Health and Medical Coordinator in providing mental health services to disaster victims.
2. Assist and coordinate with all ESFs to ensure worker health and safety.
3. Assist and coordinate with Mass Care (**ESF-6**) in providing mental health services to shelter residents and staff.
4. Assist in providing Community Outreach Services to disaster victims, as requested.
5. Provide staff to the EOC.

Missouri Funeral State Directors Association

1. Initiate Mortuary Response Team if requested.
2. At the direction of the Springfield-Greene County Medical Examiner, the state Mortuary Response Team will coordinate with Fire (**ESF-4**) during urban search and rescue operations to identify victims and provide mortuary services.
3. At the direction of the Springfield-Greene County Medical Examiner, the state Mortuary Response Team will assist and coordinate with Mass Care (**ESF-6**) in identifying victims and providing mortuary services to residents of Mass Care Shelters.
4. Local Medical Examiners Mortuary Disaster Plan **(see Appendix 7).**

D. Federal Support Agencies

Department of Health and Human Services

Provides coordinated Federal assistance to supplement State and local resources in response to public health and medical care needs following a major disaster or emergency, or during a developing potential medical situation.

V. DIRECTION AND CONTROL

A. The Springfield-Greene County Public Health Director or designee will remain in the EOC and will coordinate his/her activities through the EOC or Incident Command Post when the EOC is not activated.

B. Decisions to evacuate a hospital will be made by the institution's staff and will be thoroughly coordinated with the EOC.

VI. CONTINUITY OF OPERATIONS

The key purpose of Continuity of Operations planning is to provide a framework for the continued operation of critical functions. When implemented, these plans will determine response, recovery, resumption, and restoration of Department/Agency services.

COOP Plans for the Departments/Agencies present a manageable framework, establish operational procedures to sustain essential activities if normal operations are not feasible, and guide the restoration of the critical functions of the Department/Agencies functions. The plan provides for attaining operational capability within 12 hours and sustaining operations for 30 days or longer in the event of a catastrophic event or an emergency affecting the department.

VII. ADMINISTRATION AND LOGISTICS

A. Administration

1. Statistics of various types will become very important during emergency periods. All facilities will keep detailed records of their activities so that statistics may be compiled later. Examples of information that should be kept and reported to the EOC include the following:

    a. Deaths
    b. Injuries
    c. Inoculations given
    d. Blood supply
    e. Incidence of disease
    f. Hospital census
    g. Radiation exposure

2. Records of hours worked (by employees, supplemental staffs from other facilities and volunteers) as well as materials used must also be reported to the EOC for use in determining the total cost of the incident.

B. Logistics

1. Medical communications between ambulances and hospitals will be coordinated by each EMS Dispatch.

2. Should one or both EMS dispatch centers become unusable, then the Springfield-Greene County Emergency CommunicationsCenter will act as back-up dispatch during the emergency or disaster. Incident communications will be coordinated by the Incident Commander.

2. Supply requisitions will be made through normal channels when possible. Otherwise, requisitions should be made through the EOC.

VIII. ESF DEVELOPMENT AND MAINTENANCE

A. The Springfield-Greene County Health Department in coordination with the City of Battlefield, the Springfield-Greene County Office of Emergency Management and the agencies listed as support agencies are responsible for the annual review and update of this ESF.

B. Each hospital, emergency medical service, medical association, etc. will maintain and update their organization's SOPs/SOGs. A current copy of these SOPs/SOGs will be maintained on file in the OEM for reference.

IX. REFERENCES

A. Springfield-Greene County Health Department: Local Public Health Emergency Response Plan (Draft November 2004).
B. Springfield-Greene County Health Department: Public Information and Emergency Risk Communications Plan (Draft December 2005).
C. Greene County Medical Examiners Office: Disaster Plan (November 2004).
D. Missouri Department of Health and Senior Services: Region D Public Health Emergency Response Plan (Draft V.5 September 2005).
E. EMSystem

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PUBLIC HEALTH AND MEDICAL

APPENDICIES

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APPENDIX 1

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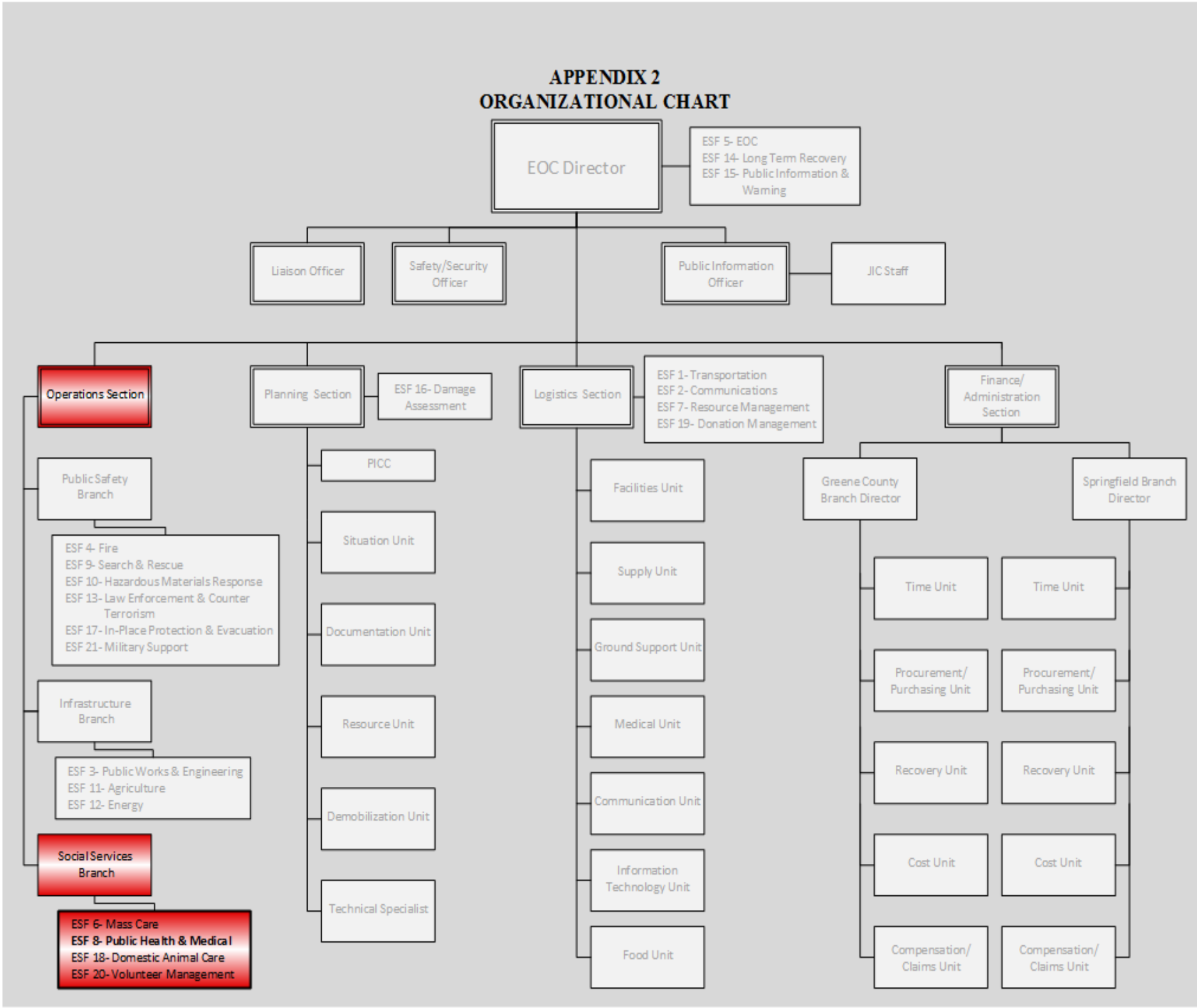
APPENDIX 2
ORGANIZATIONAL CHART



APPENDIX 3

HEALTH AND MEDICAL CAPABILITIES

Springfield-Greene County Health Department:

Personnel: 110
25 Member Emergency Response Team (ERT):
- 5 Nurses, 6 Environmental Specialists, 2 Epidemiologists, 2 Planners, 5 Administrators, 1 Finance, 2 Lab Technicians, 1 PIO, 1 Volunteer Coordinator, 1 Information Systems Technician
- Community Heroes Volunteers

Equipment: One (1) Jeep assigned to Administration
Nine (9) 800MHz radios assigned to Animal Control
Ten (10) 800 MHz radios with ERT
Ten (10) 800 MHz radios housed at OEM
Nine (9) Trucks with animal cages, equipped with radio units
Thirty-four (34) Dog runs
Nineteen (19) Cat Cages

Cox Health EMS:

Personnel: 90 Paramedics: certified in ALS, ACLS, BTLS and PALS.
64 EMTs: certified in BLS, PHTLS, rescue and extrication.

Service Area: Springfield and Greene County and other counties.

Equipment: 14 ground ambulances (ALS).
- Seven (7) units normally operate during peak periods (6 A.M. to 11 P.M.).
- Three (3) units normally operate during low volume periods (11 P.M. to 6 A.M.).

One (1) helicopter (MBB BO-105) ambulance in Springfield.
- Helicopter operates 24 hours/day. Staffed by 1 RN and 1 Paramedic.

Communications: Central Dispatch Center located at 1423 N. Jefferson.

Telephone:	Emergency 269-3773	Non-emergency 269-8103
Dispatch Frequency:	Primary 155.280	Secondary 155.340 (HEAR)
800 MHz TRS:	Mobile Units (14)	Handheld units (4)

Cox Hospital:

- Decon Trailer: equipped with supplies and equipment to establish a free- standing portable decon station(s)
- Surge Trailer: equipped with supplies for assisting with setting up a temporary/immediate shelter (pillows, cots, clothing, etc).
- Communications Trailer: (will be very similar in capability to the Mercy Comms trailer, it is currently being retrofitted w/ equipment in Columbia)
- Respiratory Trailer: equipped with a DOCS O2 Concentrator and Booster, (10) portable ventilators, and equipment to establish an O2 treatment area (this resource is not fully operational yet, but several components could be if needed)
- Generator Trailer: 25KW generator on trailer, equipped with 3 phase power capabilities and 120v

- Our half of the 750 bed Med-Surge cache: cots, supplies to establish an Alternate Care Site (Mercy has the other half)
- F350 truck, bed w/side rails and a Tommy-Lift gate

Mercy EMS:

Personnel: 47 Paramedics: certified in ALS, ACLS, BTLS and PALS.
22 EMTs: certified in BLS, PHTLS, rescue and extrication.

Service Area: Springfield and Greene County and other counties.

Equipment: 16 ground ambulances (12 ALS, 4 BLS).
Number of ambulances deployed varies according to time of day with nine at maximum and 5 at minimum in Greene County. Other Mercy EMS ambulances and personnel are available on short notice from outlying counties managed by Mercy.

- Disaster response trailer
- Morgue trailer
- ATV ambulances
- Bike Team.
- One (1) helicopter (EC135) ambulance in Bolivar, St Roberts, and one (1) Branson West.
  (Helicopter operates 24 hours/day. Staffed by 1 RN and 1 Paramedic.)

Communications: Central Dispatch Center located at 1235 E. Cherokee.

Telephone:	Emergency 885-2300	Non-emergency 820-3003
Dispatch Frequency:	800 MHz TRS	Secondary 155.340 (HEAR)
800 MHz TRS:	Mobile Units (12)	Handheld units (25)

Additional frequencies:

EMS	Mercy 155.235 / HEAR 155.340

Mercy Communications Trailer

Type II, five (5) seat communications trailer with on-board generator. Varied communications equipment including: ACU-1000, VHF, UHF, 800 MHz, trunked and conventional systems; MOSWIN (P-25 VHF); HAM capability; 45 foot antenna mast with camera; PBX style phone system with wired and wireless handsets; and computer workstations (laptops and desktop). Voice and data services supplied via satellite with alternate 3G/4G LTE service available or can be provided from a local hard-line source.

APPENDIX 3

HEALTH AND MEDICAL CAPABILITIES (cont.)

Local Hospital Information:

Name Address	Licensed Beds	FT Employees Staff Physicians	RNs LPNs	Services
CoxHealth- North 1423 N. Jefferson CoxHealth- South 3801 S. National CoxHealth- Walnut Lawn 3535 S. National	986	4742 370	1467 168	Cancer center, cardiac care, sports medicine, rehabilitation, pediatric & obstetric care, neo-natal ICU, ER & trauma care, neuron-trauma ICU, womens & senior services, urgent & critical care, aero-medical flight service
Mercy St. John's Health Systems	866	5816 1289	848 244	Burn center, Level 1 trauma center (adult & pediatric), ICU, heart surgical services
Ozarks Community Hospital	45	375 30	56 20	Family practice, internal medicine, gynecology, general surgery, orthopedic surgery, plastic surgery, ENT, podiatry, ophthalmology, oral surgery
Lakeland Hospital	149	184 5	61 9	Children & adolescent psychiatric services

Five Largest Local Home Health Care Agencies

Name Address	Total Employees Who Care for Patients	Total RNs	Approx. Patient Visits Per Month	Services
Oxford Healthcare 3660 S. National	1370	150	136,000	Nursing care, personal care, medication supervision, housekeeping & laundry, home oxygen therapy, telemonitoring
Premier Home Health 4145 E. McCann St.	560	24	21,100	Line-in companion, pediatric homecare, nursing, assisted daily living, nursing home & hospital staffing
Integrity Home Care 4247 S. Glenstone	350	75	29,500	MSW, housekeeping, companion, personal care, live-in, medication assistance, nursing care
Community Hospices of America 2135 E. Eastgate	140	71	5,000	End of life care, physical, emotional, spiritual care for patient & family, bereavement care
Mercy Home Care 531 S. Union Ave.	200	70	14,300	Skilled nursing, home health aide, home infusion/pharmacy, med equipment, hospice, private duty

APPENDIX 4

SPRINGFIELD-GREENE COUNTY HEALTH DEPARTMENT CALL-UP LIST

The following is a list in order for emergency call-up for the Health Department plan:

Springfield-Greene County Health Department Emergency Response Team

Business Hours Phone:	911
Emergency:	830-0114

Karen McKinnis- Administrator, Division of Administration
5654 E Hwy AF, Fair Grove, MO. 65648

Office Phone:	864-1623
Cell Phone:	830-9505

Andee Coble- Public Health Planner
851 S Cobble Creek Blvd, Nixa, MO. 65714

Office Phone:	874-1297
Cell Phone:	773-8350

Kendra Findley- Administrator of Community Health and Epidemiology
1829 S. Hampton, Springfield, MO 65807

Office Phone:	864-1408
Cell Phone:	860-7905

Clay Goddard – Assistant Director of Health
1883 E Cardinal St, Springfield MO 65804

Office Phone:	864-1663
Cell Phone:	894-2812

Kevin Gipson – Director of Health
3127 S Patterson, Springfield, MO 65804

Office Phone:	864-1457
Home Phone:	882-8202
Cell Phone:	830-2559

Pam Bryant – Administrator of Maternal, Child and Family Health Programs
3938 N. Sheedy Ave, Springfield, MO 65803

Office Phone:	864-1431
Home:	833-8472
Cell Phone:	522-9332

Karen Prescott – Administrator of Environmental Services
2506 S. Brandon, Springfield, MO 65809

Office Phone:	864-1664
Home Phone:	882-3379
Cell Phone:	880-7853

APPENDIX 5

ESSENTIAL FACILITIES

(Facilities Located in the All Hazards Mitigation Plan)

APPENDIX 6

DISASTER MEDICAL SYSTEM RESPONSE PROTOCOL

(A copy of this plan is located at the Springfield-Greene County Office of Emergency Management)

APPENDIX 7

MEDICAL EXAMINER DISASTER PLAN

(A copy of this plan is located at the Springfield-Greene County Office of Emergency Management)

APPENDIX 8

SOUTHWEST MISSOURI CRITICAL INCIDENT RESPONSE TEAM (CIRT)

I. STATEMENT OF PURPOSE

The purpose of the Southwest Missouri Critical Incident Response Team (CIRT) is to provide appropriate (non-therapeutic) mental interventions to emergency responders following a critical incident. The focus of this service is to minimize the harmful effects of job stress during and after a crisis or emergency. On-scene support services also may entail assisting victims of the incident. The highest priorities of the team are to maintain confidentiality and to respect the feelings of the individuals involved. It is not the function of the team to replace on-going professional counseling, but to provide immediate crisis intervention. Through the CIRT process, a team provides emergency response personnel a tool to alleviate potential stress related symptoms.

Case studies of major incidents where numerous injuries or fatalities have occurred have revealed that a significant number of emergency responders experienced some form of stress-related symptoms following the incident. Many of these symptoms were transitory and most emergency responders had no long-term detrimental effects. However, the studies have also revealed that a small percentage of personnel will experience continuing, long-term detrimental effects resulting from exposure to such incidents. Some of these effects have been delayed surfacing later after a period of no apparent symptoms. Without professional intervention, personnel experiencing these long-term effects show declining work performance, deterioration of family relationships, and increased health problems. The objective of this procedure is to provide professional (non-therapeutic) intervention immediately after major incidents, in order to minimize stress-related injury to emergency response personnel living in the area.

II. TYPES OF INTERVENTIONS

A. PRE-INCIDENT EDUCATION:

Pre-incident education regarding stress, stress recognition, and stress reduction strategies are an essential part of the CIRT process. Educational programs include information on critical incident stress debriefings, how to contact a team, on-scene considerations, etc. Programs for spouses and significant others also may include stress recognition and management.

B. ON-SCENE SUPPORT SERVICES:

Three types of services may be provided:

1. One-on-one session with rescuers who show obvious signs of distress.
2. Consultation to the scene commander or command officers.
3. Assistance to victims of the incident as requested by incident commander.

It is foreseen that unusual circumstances might warrant bringing the CIRT to the incident site for victim assistance. It should be understood that the primary responsibility of the CIRT is interventions with emergency responders. In consultation with our local Chaplain Corp, the incident commander can request additional support for on-scene victim assistance through the Council of Churches.

C. DEMOBILIZATION:

Used during or following a large scale incident as units are released from the scene to determine if all personnel are accounted for, make announcements, etc. A mental health professional may take fifteen minutes to provide information on the signs and symptoms of stress reactions that may occur. Lasts a maximum of thirty minutes. Unit may be released from duty or returned to their station in service. Incident commander may require that all personnel go through a demobilization session before they are released from the scene.

D. DEFUSING:

A mini-debriefing for a small working group (such as an engine company or nursing shift) conducted at their work area shortly after the incident, usually within 3-4 hours. Generally lasts 30-45 minutes. Provides information about the incident and general information and advice on stress reactions. In some circumstances, the intervention may involve more in-depth discussion of participant's feelings and reactions. May be performed by an experienced peer debriefer. A defusing may eliminate the need for a formal debriefing.

E. INITIAL DISCUSSION:

An informal discussion of the event by individual personnel/crews following the incident. Initial discussion occurs spontaneously in many groups and is not structured. It may be facilitated by a team peer member who is present. The focus of the discussion should be the group's reaction to the event rather than critique.

F. FORMAL DEBRIEFING:

Ideally conducted within 24-72 hours of the incident. Confidential discussion of the involvement, thoughts, feelings, and reactions resulting from the incident. Also provides discussion and education regarding possible stress-related symptoms. Generally, a debriefing averages 2-3 hours. If possible, conducted at a neutral site.

G. FOLLOW-UP SERVICES:

Conducted within one week following an incident. May include an informal debriefing session, phone or personal follow-up. Concerned with delayed or prolonged stress syndrome. May also be used to evaluate debriefing services offered.

H. INDIVIDUAL CONSULTS:

One-to-one counseling for any concerns related to the incident. Requires a referral to a mental health professional. Providing individuals counseling **is not** a function of the CIRT. However, team mental health professionals may be utilized for referrals.

I. SPECIALTY DEBRIEFING:

Providing debriefing interventions for groups not directly involved in emergency services or otherwise outside the realm of the CIRT. May be requested if services are not available in the mental health community.

III. THE DEBRIEFING PROCESS

A. NEED RECOGNITION:

Emergency response personnel, command officers, and medical control authorities are responsible for identifying and recognizing significant incidents that may require debriefing. When an occurrence is identified as a "critical incident", a request for debriefing should be made as soon as possible.

B. TEAM ACTIVATION:

The team is activated by a call through the 24/hr access point (American Red Cross, 417-832-9500). Appropriate call information is obtained and relayed to a CIRT Coordinator. All formal debriefings are coordinated by the designated CIRT Coordinator to guarantee the quality of the debriefing and to ensure appropriate procedures are followed. The CIRT Coordinator also schedules requests for education/in-service presentations.

C. CIRT COORDINATOR RESPONSIBILITIES:

The CIRT Coordinator contacts the emergency response agency requesting an intervention for the following information (Form: Incident Report--CIRT Coordinator is provided for data collection).

1. Assess the need for a formal debriefing, or other critical incident stress intervention, or referral to other appropriate intervention.

2. Determine the nature of the incident.

3. Arrange a time and location if a formal debriefing is indicated. Debriefings are optimally conducted within 24-72 hours of the incident, and should not generally extend beyond one week. A 24-hr normalizing period following the incident is recommended. If large numbers of individuals are involved, debriefing begins with those most involved with the incident. Formal debriefings within 24-hours of the incident may be considered by the CIRT Coordinator and Clinician assigned to the debriefing.

D. DEBRIEFING PROCESS CONSIDERATIONS:

The CIRT Coordinator assures the following conditions are met prior to a debriefing.

1. The location selected for the debriefing should be free of distractions and represent a neutral environment i.e., school, church, American Red Cross, or other meeting facility.

2. All personnel involved in the incident should be invited to the debriefing and encouraged to attend. This includes, but is not limited to fire, law enforcement, dispatch, EMS, and hospital personnel.

3. A time for the debriefings should be selected that is most convenient for debriefing team members and as many responders as possible.

4. Agency management or command officers should be encouraged to relieve personnel from duty during the debriefing. The environment should be free of interruptions, phone calls, radios, and pagers.